

PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

			or <u>Fax</u>	JIIJ-41J-4003		
INSTRUCTIONS: This form al appropriate. All further correspond indicated unless corrected below maintenance fee notifications.	hould be used for ondence including v or directed other	r transmitting the ISS the Patent, advance or twise in Block 1, by (UE FEE and PUBLIC. orders and notification (a) specifying a new co	ATION FEE (if requirements fees verespondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	bould be completed where correspondence address as erate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)]	Note: A certificate of fee(s) Transmittal. The sapers. Each additions save its own certificate	mailing can only be used for is certificate cannot be used; il paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanying int or formal drawing, must
28204 .7590	02/07/2	008		Cen	tificate of Mailing or Trans	miesion
SIEMENS SCHWEL I-47, INTELLECTUA ALBISRIEDERSTRAS	L PROPERTY	•]	hereby certify that the tates Postal Service values of the Mai ransmitted to the USP	us Fee(s) Transmittal is being with sufficient postage for fir 1 Stop ISSUE FEE address TO (571) 273-2885, on the control of t	g deposited with the United st class mail in an cuvelope above, or being faceimile late indicated below.
ZURICH, CH-8047 SWITZERLAND		•			2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Depostion's mayor)
				·	<u> </u>	(pigname)
						(Date)
APPLICATION NO.	PILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/554,207	10/24/2005		Axel Huegle		2003P02028WOUS	4522
TTLE OF INVENTION: COMM	ECTION				•	
				• .		
APPLN. TYPE SMA	TT ENLILLA:	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E PEB TOTAL FEE(S) DUE	DATE DUE
- nonprovisional	NO	\$1440	\$300	so 4/1	7/2008 HNGU\$1740 0000	0109 .5 <u>954924</u> 008 10554
EXAMINER		ART UNIT	CLASS-SUBCLASS		C:1501 1440.00	
STEVENOSKY, MAI	RK J	2853	347-108000	12 F	C:1504 300.00	DA
Address form PTO/SB/122) at "Fee Address" indication (or PTO/SB/47; Rev 03-02 or mo		ndication form	registered attorney	ngle firm (having as a or agent) and the nam	es of up to	
Number is required.	·		listed, no name will	ttorneys or agents. If	no name is 3	•
Number is required. ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE	IDENCE DATA ssignee is identific FR 3.11. Comple	TO BE PRINTED ON od below, no assigned tion of this form is NO	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI	ttorneys or agents. If be printed. type) patent. If an assign in assignment. TY and STATE OR C	ee is identified below, the di	ocument has been filed for
ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Siemens Aktienges	EDENCE DATA ssignee is identificated in the complete of the co	TO BE PRINTED ON od below, no assigned tion of this form is NO	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I	tunicys or agents. If be printed. type) patent. If an assignment. TY and STATE OR C. Munich, GERI	ee is identified below, the discountry) MANY	
Number is required. ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Siemens Aktienges lease check the appropriate assignees	EDENCE DATA assignee is identificated. Ellschaft, P page category or calletted: catify discount per	TO BE PRINTED ON ed below, no assigned stion of this form is NO .O. Box 22 16 stegories (will not be po	listed, no name will THE PATENT (print or data will appear on the off a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I minted on the patent): b: Payment of Fee(s): (F	ttorneys or agents. If be printed. type) patent. If an assign an assignment. If and STATE OR Common AND	ee is identified below, the discountry) MANY reporation or other private group previously hald issue fee it	nup entity Government
ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Sigmens Aktienges case check the appropriate assig The following fee(s) are subm Issue Fee Publication Fee (No small's Advance Order - # of Copi Change in Entity Status (from a. Applicant claims SMALL	EDENCE DATA ssignee is identifi FR 3.11. Comple ellschaft, P spee category or ca itted: catity discount per es	no BE PRINTED ON ed below, no assigned tion of this form is NO .O. Box 22 16 stegories (will not be printed) bove) See 37 CFR 1.27.	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I inted on the patent): b: Payment of Fee(s). (P A check is enclosed I Payment by credit The Director is berr overpayment, to De	ttorneys or agents. If be printed. type) patent. If an assign in assignment. It and STATE OR Committee or a state of the committee of the charposit Account Number or ager claiming SMAL	ce is identified below, the discountry) MANY reporation or other private group previously baid issue fee is attached, gethe required fec(s), any details. See 37 CF	shown above) ficiency, or credit any a extra copy of this form). R 1.27(g)(2).
ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Sigmens Aktienges case check the appropriate assig The following fee(s) are subm [22] Issue Fee [23] Publication Fee (No small's [24] Advance Order - # of Copi Change in Entity Status (from [25] a. Applicant claims SMALLI	EDENCE DATA ssignee is identifi FR 3.11. Comple ellschaft, P spee category or ca itted: catity discount per es	no BE PRINTED ON ed below, no assigned tion of this form is NO .O. Box 22 16 stegories (will not be printed) bove) See 37 CFR 1.27.	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I inted on the patent): b: Payment of Fee(s). (P A check is enclosed I Payment by credit The Director is berr overpayment, to De	ttorneys or agents. If be printed. type) patent. If an assign in assignment. It and STATE OR Committee or a state of the committee of the charposit Account Number or ager claiming SMAL	ce is identified below, the discountry) MANY reporation or other private group previously baid issue fee is attached, gethe required fec(s), any details. See 37 CF	shown above) ficiency, or credit any a extra copy of this form). R 1.27(g)(2).
ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Siemens Aktienges case check the appropriate assig The following fee(s) are subm Issue Fee Publication Fee (No small's Advance Order - # of Copi Change in Entity Status (from a. Applicant claims SMALL	EDENCE DATA ssignee is identifi FR 3.11. Comple ellschaft, P spee category or ca itted: catity discount per es	no BE PRINTED ON ed below, no assigned tion of this form is NO .O. Box 22 16 stegories (will not be printed) bove) See 37 CFR 1.27.	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I inted on the patent): b: Payment of Fee(s). (P A check is enclosed I Payment by credit The Director is berr overpayment, to De	tronceys or agents. If be printed. type) patent. If an assign an assignment. It and STATE OR Committee of the state of	ce is identified below, the discountry) MANY reporation or other private group previously baid issue fee is attached, gethe required fec(s), any details. See 37 CF	shown above) ficiency, or credit any a extra copy of this form). R 1.27(g)(2).
ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Siemens Aktienges case check the appropriate assig The following fee(s) are subm Resure Fee Publication Fee (No small's Advance Order - # of Copi Change in Entity Status (from a. Applicant claims SMALI OTE: The Issue Fee and Publica terest as shown by the records of	EDENCE DATA ssignee is identifi FR 3.11. Comple ellschaft, P spee category or ca itted: catity discount per es	no BE PRINTED ON od below, no assigned tion of this form is NO. O. Box 22 16 ategories (will not be pure tion) bove) See 37 CFR 1.27. ed) will not be accepted the pure tion of this form is NO.	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 I inted on the patent): b: Payment of Fee(s). (P A check is enclosed I Payment by credit The Director is berr overpayment, to De	turnicys or agents. If be printed. type) patent. If an assignment. IY and STATE OR Co. MUNICH, GERI Individual Co. lease first reapply and l. leard. Form PTO-2038 by authorized to charposit Account Number and the applicant a regin	or is identified below, the discountry) MANY Appropriation or other private group previously paid issue feet is attached, get the required feets), any definition of the control of the	shown above) ficiency, or credit any a extra copy of this form). R 1.27(g)(2).
Number is required. ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 C (A) NAME OF ASSIGNEE Siemens Aktiengese lease check the appropriate assig a. The following fee(s) are subm (C) Isaue Fee (E) Publication Fee (No small's (E) Advance Order - # of Copi Change in Entity Status (from (I) a. Applicant claims SMALI (OTE: The Isaue Fee and Publica purrest as shown by the records of Anthorized Signature	ellschaft, P ellschaft, P gue category or ca itted: antity discount per es	no BE PRINTED ON od below, no assigned tion of this form is NO O. Box 22 16 stegories (will not be put of the put of this form is NO stegories (will not be put of the put of	listed, no name will THE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (CI 34, D-80506 l inted on the patent): b: Payment of Fee(s). (F A check is enclosed Payment by oredit SThe Director is berr overpayment, to De b. Applicant is no le d from anyone other that Office. n is required to obtain of 1.14. This collection is checking upon the inc chief Information Offi COMPLETED FORMS	tronceys or agents. If the printed type) patent. If an assignment. It an assignment. It an assignment. It and assignment. It and STATE OR Committee of the second state of the second sta	ce is identified below, the discountry) MANY Inportation or other private group previously paid issue fee is attached, gethe required fee(s), any definition of the concluse at the control of the cont	by the USPTO to process; g gathering, preparing, and its you require to complete remember 10 Commence, P.O. for Patents, P.O. Box 1450, or Patents, P.O. Box 1450,



FACSIMILE COVER SHEET

PRIVILEGED AND CONFIDENTIAL

TO:

Mail Stop Issue Fee

Commissioner for Patents

. Alexandria, VA: 22313

FROM:

Stephanie Ortiz

ann hickey@siemens.com

Fax No.: 571-273-2885

Fax No:

202-835-4119

Phone:

202-955-7007

DATE: April 17, 2008

Number of Pages including cover page: 3

Re:

10/554,207 filing date: 10/24/2005

Attorney Docket No.: 2003P02028WOUS

Issue Fee Date Due: 05/07/2008

Paper Dated: April 17, 2008

The required fees have been authorized to be charged to Deposit Account 502464.

Certification of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office to the attention of: Mail Stop ISSUE FEE at Fax Number 571-273-2885 on April 17, 2008

Facsimile Cover Sheet (1 pg.) PTOL-85 PART B-FEE(S) TRANSMITTAL (2 pgs., original + 1 copy)